



## Park-It Market – Household Registration Form

(Registration form must be complete)

### Primary Market Shopper

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Health Conditions or food allergies: \_\_\_\_\_

Is one or more person in your household working? (circle one) Yes No

Estimated monthly income? \_\_\_\_\_

Type of Income: \_\_\_ No Income \_\_\_ Social Security \_\_\_ SSI \_\_\_ TANF \_\_\_ General Assistance

\_\_\_ Pension \_\_\_ Unemployment Insurance \_\_\_ Employed

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Type of Housing: \_\_\_ Rent \_\_\_ Own/Buy \_\_\_ Lives w/relative \_\_\_ Homeless \_\_\_ Eviction

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Language: \_\_\_\_\_

Who were you referred by? (check all that apply)

\_\_\_ Friend/Family

\_\_\_ Internet Search

\_\_\_ News/Outreach

\_\_\_ Other Food Pantry

\_\_\_ \_\_\_\_\_

Are you enrolled in any of the following? (check all that apply)

\_\_\_ MediCal

\_\_\_ WIC

\_\_\_ CalFresh (food stamps)

\_\_\_ Other: \_\_\_\_\_

Ethnicity: (check all that apply)

\_\_\_ White

\_\_\_ Black/African American

\_\_\_ Hispanic/Latino

\_\_\_ American Indian/Native American

\_\_\_ Asian

\_\_\_ Alaska Native/Aleut/Eskimo

\_\_\_ Arab American

\_\_\_ Pacific Islander

\_\_\_ N/A

\_\_\_ Other

\_\_\_ Undisclosed



## Household Information

Last Name	First Name	Date of Birth	Gender (M/F)	Relationship to the Primary Market Shopper	Health Conditions or Food Allergies

What schools do your children/grandchildren attend?

Child's/Grandchild's Name	School they attend:

**Office use only**

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_